

STUDENT REGISTRATION FORM
SPACE SETTLEMENT DESIGN COMPETITION
NASA WSTF/MESA - Onate March 18, 19, 20, 2005
PLEASE PRINT ALL INFORMATION CLEARLY WITH A REACHABLE ADDRESS, PHONE, AND E-MAIL
THIS FORM CAN BE DUPLICATED AS REQUIRED

Name _____ Male _____ Female _____
Last First M.I.

(The following information is necessary so we can reach you during the school year)

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ E-mail address _____

School _____ School District or City _____

Grade: 10 11 12
(please circle grade)

Age: 15 16 17 18 19
(please circle age)

T-Shirt Size; M L XL XXL
(please circle size)

To help us form student company teams, please rate your abilities candidly in the following areas, as:
Novice (**N**), Intermediate (**I**), or Advanced (**A**)

Artistic/Graphics skills _____ Computer skills _____ Writing skills _____
Oral Presentation skills _____ Science/Math skills _____

☐ Check this box if you have special physical, medical, or dietary requirements. If you do have special needs, please describe your needs below or on an attached sheet with your full name on it.

****** DIRECTIONS ******

Make check/money order for \$35 payable to MESA

Your Registration Package must contain: 1) this completed Student Registration Form, 2) your Parent/Guardian Consent Form, signed by them, 3) your Authorization for Emergency Treatment For A Minor Form, signed by them, and 4) your check/money order for \$35.

Please mail your Registration Package to:

New Mexico MESA, Inc.
Box 30001, Dept. 3MSA
New Mexico State University
Las Cruces, NM 88003

We suggest that you fill out and mail in the four items identified above as soon as possible and before March 11. All four items are required and should all be sent as one package. The first 120 students to provide their complete Registration Package will be accepted. Please ensure you phone number, e-mail address, and mailing address are ones that allow us to reach you directly. That way we can contact you if we have problems with your Registration. We can notify you of your acceptance and send your Registration Packet in a timely manner. If you have not mailed this Registration Package by March 11, you should contact us directly to determine if we are still below the 120-student limit. Karen Leibermanr (505) 644-7934 klieberman@nmsu.edu or Mike Hallock (505) 524-5428 michael.j.hallock@nasa.gov.

NOTE: School or School District POs will be accepted, but must accompany the registrations. You will need to coordinate this with your school.

We look forward to your participating in this exciting Aerospace Industry Simulation.

**PARENT/GUARDIAN CONSENT FORM
FOR SPACE SETTLEMENT DESIGN COMPETITION 2005**

My child, _____, has my permission to attend and participate in the Space Settlement Design Competition to be held at the Oate High School in Las Cruces, New Mexico March 18, 19, 20, 2005. The event is sponsored by the NASA White Sands Test Facility, Honeywell Technical Solutions Inc., and New Mexico MESA, Inc. It is hosted by Oate High School.

1. I understand that travel to and from this event is the responsibility of the student participant and his/her family.
2. I understand that the sponsor will attempt to provide necessary supervision during the course of this activity.
3. I understand I may be held responsible for my child's actions during this activity.
4. I understand that the sponsor and their employees cannot be held liable for personal injury, loss or damage to personal property, which may result from my child's participation in this activity.
5. I have filled out and signed the Authorization for Emergency Treatment of a Minor for my child.
6. I hereby grant permission to NASA White Sands Test Facility to photograph and videotape my child, only for the purpose of publicizing this event.
7. I here by grant permission for my child to use the Internet, and I will rely on my child's discretion to use the Internet only for obtaining information pertinent to the competition.

SIGNATURE OF PARENT/GUARDIAN

DATE

➤ RETURN THIS FORM IN YOUR CHILD'S REGISTRATION PACKAGE TO:

**New Mexico MESA, Inc.
Box 30001, Dept. 3MSA
New Mexico State University
Las Cruces, NM 88003**

***NOTE: STUDENTS MAY NOT PARTICIPATE IN THE EVENT
WITHOUT SUBMITTING THIS CONSENT FORM,
SIGNED BY THEIR PARENT/GUARDIAN.***

AUTHORIZATION FOR EMERGENCY TREATMENT FOR A MINOR FORM

As parents/guardian of _____, we authorize the treatment by a qualified and licensed medical doctor of our child in the event of a medical emergency which, in the opinion of the attending physician, may endanger the child's life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to contact us.

This consent is valid while the child is in the care of NASA White Sands Test Facility.

This consent is signed for the sole purpose of authorizing medical treatment under emergency circumstances in our absence.

Insurance Company: _____

Policy # _____

Primary Person Insured _____

Mother: _____

Father: _____

Telephone Home: _____

Telephone Home: _____

Work: _____

Work: _____

Cell: _____

Cell: _____

Address: _____

Address: _____

Child's physician: _____

Telephone: _____

Specific medical allergies, chronic illnesses or other conditions:

Other contact in case of emergency:

Name: _____ Telephone: _____

SIGNATURE OF PARENT/GUARDIAN

DATE

➤ RETURN THIS FORM IN YOUR CHILD'S REGISTRATION PACKAGE TO:

New Mexico MESA, Inc.

Box 30001, Dept. 3MSA

New Mexico State University

Las Cruces, NM 88003

***NOTE: STUDENTS MAY NOT PARTICIPATE IN THE EVENT WITHOUT SUBMITTING
THIS EMERGENCY TREATMENT FORM,
SIGNED BY THEIR PARENT/GUARDIAN.***

EDUCATOR/CHAPERONE REGISTRATION FORM

SPACE SETTLEMENT DESIGN COMPETITION

NASA WSTF/MESA - Oate March 18, 19, 20, 2005

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THIS FORM CAN BE DUPLICATED AS REQUIRED

Name _____ Male _____ Female _____
Last First M.I.

Address _____

City _____ State _____ Zip _____

School Phone (_____) _____ Home Phone (_____) _____

E-mail address _____

School _____ School District or City _____

Grade(s) Teach _____ Subject(s) Teach _____

T-Shirt Size; M L XL XXL
(please circle size)

☐ Check box if you have special physical, medical, or dietary requirements. If you do have special needs, please describe your needs below or on an attached sheet with your full name on it.

****** DIRECTIONS ******

Please mail this Registration Form to:

**New Mexico MESA, Inc.
Box 30001, Dept. 3MSA
New Mexico State University
Las Cruces, NM 88003**

Please ensure you phone numbers, e-mail address, and mailing address are ones that allow us to reach you directly. That way we can send your Registration Packet in a timely manner. If you have not mailed this Registration Package by March 11, you should contact us directly. Karen Lieberman (505) 646-1382 klieber@nmsu.edu or Mike Hallock (505) 524-5428 michael.j.hallock@nasa.gov.

If you have students attending, we suggest that your students fill out and mail in their Registration Package as soon as possible. Their Registration Package will consist of: 1) Student Registration Form, 2) Parental/Guardian Consent Form, 3) Authorization for Emergency Treatment For A Minor Form, and a \$35 Check or money order made out to MESA. If they have not mailed it by March 11, they or you should contact us directly. In that manner we can verify if there is still space for additional students. The first 120 students to provide a complete Registration Package will be accepted. Please have them ensure that their phone number, e-mail, and mailing address are ones that allow us to reach them directly. That way we can also send them their Registration Package in a timely manner or contact them if we have problems with any part of their Registration Package.

NOTE: Educator/Chaperones do not pay the registration fee.

NOTE: School or School District POs will be accepted for students, but must accompany their registrations. We indicated that they should work that with their school.

We look forward to your joining us in this exciting Aerospace Industry Simulation.